

County: Outagamie
 AFFINITY SUBACUTE CARE
 1506 S ONEIDA ST

Facility ID: P210

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APPLETON 54915 Phone:(920) 831-8340
 Operated from 1/1 To 12/31 Days of Operation: 366
 Operate in Conjunction with Hospital? Yes
 Number of Beds Set Up and Staffed (12/31/04): 20
 Total Licensed Bed Capacity (12/31/04): 20
 Number of Residents on 12/31/04: 10

Ownership: Nonprofit Church
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? No
 Average Daily Census: 12

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		100.0	
Supp. Home Care-Personal Care	No					1 - 4 Years		0.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	10.0	More Than 4 Years		0.0	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	10.0				
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	70.0				100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	10.0	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent			
Congregate Meals	No	Cancer	40.0			Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	20.0	65 & Over	90.0				
Transportation	No	Cerebrovascular	10.0			RNs		85.0	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		0.0	
Other Services	No	Respiratory	10.0			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	20.0	Male	50.0	Aides, & Orderlies			
Mentally Ill	No			Female	50.0				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	4	50.0	312	0	0.0	0	0	0.0	0	1	100.0	390	0	0.0	0	1	100.0	894	6	60.0
Skilled Care	4	50.0	311	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	40.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		0	0.0		0	0.0		1	100.0		0	0.0		1	100.0		10	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	0.7	Bathing	10.0	70.0	20.0	10
Private Home/With Home Health	1.2	Dressing	10.0	70.0	20.0	10
Other Nursing Homes	0.0	Transferring	10.0	70.0	20.0	10
Acute Care Hospitals	97.9	Toilet Use	10.0	70.0	20.0	10
Psych. Hosp.-MR/DD Facilities	0.0	Eating	10.0	50.0	40.0	10
Rehabilitation Hospitals	0.2	*****				
Other Locations	0.0					
Total Number of Admissions	427	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	30.0	Receiving Respiratory Care	10.0	
Private Home/No Home Health	28.1	Occ/Freq. Incontinent of Bladder	10.0	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	37.0	Occ/Freq. Incontinent of Bowel	20.0	Receiving Suctioning	10.0	
Other Nursing Homes	13.0			Receiving Ostomy Care	30.0	
Acute Care Hospitals	8.0	Mobility		Receiving Tube Feeding	30.0	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	10.0	
Rehabilitation Hospitals	0.2					
Other Locations	4.5	Skin Care		Other Resident Characteristics		
Deaths	9.2	With Pressure Sores	30.0	Have Advance Directives	80.0	
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	424			Receiving Psychoactive Drugs	20.0	

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities					

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	60.0	91.7	0.65	88.8	0.68
Current Residents from In-County	60.0	85.3	0.70	77.4	0.77
Admissions from In-County, Still Residing	1.4	14.1	0.10	19.4	0.07
Admissions/Average Daily Census	3558.3	213.7	16.65	146.5	24.30
Discharges/Average Daily Census	3533.3	214.9	16.44	148.0	23.87
Discharges To Private Residence/Average Daily Census	2300.0	119.8	19.20	66.9	34.36
Residents Receiving Skilled Care	100.0	96.2	1.04	89.9	1.11
Residents Aged 65 and Older	90.0	90.7	0.99	87.9	1.02
Title 19 (Medicaid) Funded Residents	0.0	66.8	0.00	66.1	0.00
Private Pay Funded Residents	10.0	22.6	0.44	20.6	0.49
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00
Mentally Ill Residents	0.0	32.7	0.00	33.6	0.00
General Medical Service Residents	20.0	22.0	0.91	21.1	0.95
Impaired ADL (Mean)*	62.0	49.1	1.26	49.4	1.25
Psychological Problems	20.0	53.5	0.37	57.7	0.35
Nursing Care Required (Mean)*	15.0	7.4	2.03	7.4	2.02